Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003984	A. BUILDING _____ B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORTHINGTON HOUSE	10799 ALLIANCE DR CAMBY, IN 46113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Dates of Survey: November 21, 22, 2011 Facility Number: 003984 Provider Number: 003984 Aim Number: N/A Survey Team: Courtney Mujic, RN- TC Patti Allen, BSW Karina Gates (November 22,2011) Barb Hughes, RN (November 22,2011) Beth Kolasa, RN (November 22,2011) Marcy Smith, RN (November 22,2011) Census Bed Type: Residential 26 Total 26 Census payor type: Other: 26 Total: 26 Sample: 7 Worthington House was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey. Quality review completed 11/27/11 Cathy Emswiller RN	R 000		